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| 24330 2590 05/11/2007  Martin A. Hay  13 Queen Victoria Street  Macclesfield Cheshire UK, SK11 6LP  |                          |   |   | Certificate of Mailing or Transmission  I boreby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an covelage addressed to the Mail Stop (SSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2855, or the date indicated below. |                               |  |  |
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|   | <del> </del>             |   | <u>_</u>  | <del></del>   |                               | (C=4)                                      |  |
| APPLICATION NO. FILING DAYE   |                          |   | FIRST NAMED INVENTOR  |   | ATTORNEY DOCKET NO.           | CONFIRMATION NO.                           |  |
| 10/728,873 12/08/2003 TITLE OF INVENTION: LEVALBUTEROL SALT   |                          | Paul McGlynn  |   | 00324/US1   | 1167                          |  |  |
|   | <u>.</u>                 | · · · · · · · · · · · · · · · · · · ·                       | _   |   |                               |  |  |
| APPLN. TYPE   | SMALL ENTITY             | ISSUE FEE DUE   | PUBLICATION FEE DUI   | E PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUI        | 8 DATE DUE                                 |  |
| acoprovisional  | NO .                     | \$1400  | \$300   | \$0   | \$1700                        | 08/13/2007                                 |  |
| EXAM  | INER                     | ART UNIT  | CLASS-SUBCLASS  |   |                               |  |  |
| PUTTLITZ  | E, KARL J                | 1621  | 564-355000  | _   |                               |  |  |
| CFR 1.363).  Change of corresp chaddress form PTO/SE  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  |                          | nge of Correspondence Indication form ed. Use of a Castomer | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent automeys or agents OR, alternatively.  (2) the name of a single firm (baving as a member a registered automey or agent) and the names of up to 2 registered automeys or agents. If no name is listed, no name will be printed.                             |   |                               |  |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA        | A TO BE PRINTED ON :  | THE PATENT (print or t  | ype)  |                               | · · ·                                      |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patron. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  |                          |   |   |   |                               |  |  |
| (A) NAME OF ASSIGNEE  |                          |   | (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |   |                               |  |  |
| Sepracor Inc.   |                          |   | Marlborough, MA (US)  |   |                               |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 📮 Corporation or other private group entity 🔘 Government  |                          |   |   |   |                               |  |  |
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| 5. Change in Entity Stat  |                          |   | _   | _   |                               |  |  |
| ☐ b. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patrol and Trademark Office.   |                          |   |   |   |                               |  |  |
| interest as shown by the n  | coords of the United Sta | tes Patcot and Trademark                                    | Office.   |   | and anomaly of all that, or a | — — — — — — — — — — — — — — — — — — —      |  |
| Authorized Signature  Martin A. Hev  Date  79 450   |                          |   |   |   |                               |  |  |
| Typed or printed parme  |                          |   |   | Registration No.  |                               |  |  |
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